

Local Agency Contractor Prequalification Questionnaire and Affidavit for Region Ad and Award Contracts (\$100,000 or Less)

Date	Submitted By	Business License No.
Address ((Street))		Telephone No.
City	State	Zip
Prequalification Requested For (Identify project by advertised name)		
What is the Value of Your Firm's Assets (Net Worth)? \$		
List Two Similar Projects Your Firm Has Completed in the Last Year. Give Owner's Name and Telephone Number.		
1.		
Owner:		Telephone No.:
2.		
Owner:		Telephone No.:
Were the projects listed above completed on time? <input type="checkbox"/> Yes <input type="checkbox"/> No Does your firm owe any monies on any projects which were completed within the last year? (If Yes, provide a separate statement.) <input type="checkbox"/> Yes <input type="checkbox"/> No Have you or your firm been convicted of any criminal act involving a contractor or contracts? (If Yes, provide a separate statement.) <input type="checkbox"/> Yes <input type="checkbox"/> No		
Affidavit		
State of		County of
The undersigned, being duly sworn, deposes and says that the foregoing is a true statement of facts concerning the firm (or individual herein named). As of the date indicated: that the answers to the foregoing interrogatories are true; that this statement is for the express purpose of inducing the to award the firm (or individual) a contract and that the depository, vendor, or other agency herein named is hereby authorized to supply or its agents with any information necessary to verify this statement.		
Name of Firm (Be Exact): _____		
_____ Authorized Signature		_____ Authorized Signature
_____ Authorized Signature		_____ Authorized Signature
Sworn to before me this _____ day of _____, 20 _____		
_____ (Notary Public)		Corporate Seal(s)
Notary Seal		
Approved By _____ Region Administrator		Date _____